"FEE ADDRESS" INDICATION FORM

Address to:
Mail Stop M Correspondence
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

- OR -

Fax to: 571-273-6500

INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.

represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) § 403.				
	ase recognize as the "Fe owing customer number	·	sions of 37 CFR 1.363 the address associated with the	
X	Customer Number	54140	Place Customer Number	
	-	Type Customer Number here	Bar Code Label here	
	OR			
	Request for Customer Number (PTO/SB/125) attached hereto			
in the following listed application(s) for which the Issue Fee has been paid or patent(s):				
	PATENT NUMBER (if known)		APPLICATION NUMBER	
			10/588,395	
(che	check one)		Mule S. Sill	
X	Attorney or Agent of Reco	ord <u>30,727</u> (Reg. No.)	Signature <u>Michael L. Goldman</u> Typed or printed name	
	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		(585) 263-1304 Requester's telephone number Way 25, 20(0	
	Assignment recorded at R	eel Frame	Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
	*Total of forms a	re submitted.		